

Quarried fell to floor

FILED MAR 5 - 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007866
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's **2065**

| | | | | | |
|---|---------------------------|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Madison | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Mo. | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Fredericktown | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hosp. | | Length of stay in lb 9 days | d. STREET ADDRESS 209 W. College St | | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Willie Middle P. Last Stewart | | | 4. DATE OF DEATH Month Feb. Day 19 Year 1958 | | |
| 5. SEX FM | 6. COLOR OR RACE W | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 9/9/1883 | | 9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress | | 10b. KIND OF BUSINESS OR INDUSTRY Victor Linen | | 11. BIRTHPLACE (City and state or country) Madison Co. Kentucky | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | 13. FATHER'S NAME Alexander Azbil | | |
| 14. MOTHER'S MAIDEN NAME Mannie Sale | | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no. | | |
| 16. SOCIAL SECURITY NO. 493-07-1758 | | 17. INFORMANT Address Maurice Stewart Zion Mo. Star Rte | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion & myocardial infarct | | | | | INTERVAL BETWEEN ONSET AND DEATH 1 wk |
| DUE TO (b) Fracture of femur Right | | | | | |
| DUE TO (c) | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Fell at home E903.020 | | | |
| 20c. TIME OF INJURY Hour 11 AM Month, Day, Year 2-10-58 | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) at home | | 20f. CITY, TOWN, OR LOCATION Fredericktown Mo | |
| 20g. COUNTY Madison | | 20h. STATE Mo | | | |
| 21. I attended the deceased from 2/10/58 to 2/19/58 and last saw her alive on 2/10/58 Death occurred at 2:30 AM m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE Ralph Berg MD (Degree or title) | | | 22b. ADDRESS 3203 S Gray | | 22c. DATE SIGNED 2/19/58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | | 23b. DATE 2/21/58 | 23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park | | 23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. |
| 24. FUNERAL DIRECTOR Schuamejer Inc | | ADDRESS 3013 Meramec | | 25. DATE RECD. BY LOCAL REG. FEB 21 '58 | 26. REGISTRAR'S SIGNATURE J. Cash Smith MD |

DR BERG.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Jack Haupt*

Licensed Embalmer No. *47*

P. O. Address *St Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.